

PARENT NOTICE OF ELIGIBILITY STAR DROPOUT PREVENTION PROGRAM

Office of Multiple Pathways
Duval County Public Schools
1701 Prudential Drive, Jacksonville, Florida 32207

Date _____

Dear Parents:

Your child, _____ is eligible for STAR Placement (Students Taking Academic Responsibility) at _____ School. The program is designed for the elementary student who is one or more years overage for his/her grade level and who is having difficulty succeeding in the standard instructional program to improve the student's academic performance through individualized instruction and move the student back to his correct grade level.

As a student in STAR your child will:

- receive instruction in all subject areas with an emphasis on Language Arts and Mathematics that includes computer based instruction
- be expected to meet the same Sunshine State Standards (SSS) as any other student in the standard program
- allow for more personalized instruction to meet your child's individual needs

Your child may be eligible to be in the program for up to four (4) years. Students may be single or double promoted based on the individual progress of the child. However, no student shall be allowed to accelerate beyond his/her own kindergarten entry peers. Students in grade 5 will not be allowed to receive a double promotion but will be enrolled in the Standards Based Promotion Program at the middle school level for 6th grade. Upon completion of the program, your child will be placed in a regular instructional program.

Please complete and sign the request form below. Your written request is required before your child can be considered for placement into the STAR program. This letter does not guarantee acceptance into the STAR program. Placement is dependent upon your child meeting all eligibility criteria and space availability. Prior to placement into the program your attendance at a conference and written consent will be required. If you have any questions, please call me at _____.

Sincerely,

(Principal's signature)

PARENT REQUEST FOR STAR

I have read the information about STAR provided above and I am interested in my child being enrolled into the STAR program.

I understand that it would be my responsibility to notify my home school if I move/change addresses after my application has been submitted. If I fail to notify my home school, I understand this may result in my child losing his/her placement.

I understand that as parent/guardian I will be required to attend a minimum of 2 conferences during the year and give written permission if my child is accepted into the program.

Date _____

Signature of Parent or Legal Guardian

(NOTE: The law requires the signature of parent and/or legal guardian and the date signed.)

STAR APPLICATION FORM

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OPTION A: _____ OPTION B: _____ Option C: _____

Student name: _____ Student Number _____
Last First M.I.

Grade: _____ D.O.B.: _____ Race: _____

Home Address: _____ Zip _____ Phone: _____

Parent/Guardian: _____ Work Phone: _____

Present School Name & No.: _____ Neighborhood School: _____

APPLICATION MUST HAVE COPIES OF THE FOLLOWING SCREENS ATTACHED:

- Basic Demographics
- DIS 17 Student Discipline Report (if any documented behavior)
- Cumulative Test Summary
- Dropout Programs Screen
- School Year Index
- Report Card Grades

DOCUMENTATION OF REASONS FOR ELIGIBILITY:

First year STAR applicants:

- _____ 1. Student is one year or more overage for grade level due to retention with a priority given to two or more years overage. Grades repeated: _____
- _____ 2. Student has a reading comprehension score at or below Level 2 with a priority given to Level 1 students.
- _____ 3. For the year prior to program entry, the student has a grade of "D" or "F" in Reading or Math.
- _____ 4. Student meets the following behavioral objectives:
- Has no more than 3 class II offenses for one year prior to program entry
 - Does not have any class III or IV offenses for one year prior to program entry
- _____ 5. Phase I of the TARGETeam process much be completed with documentation attached.

Tier 3 Third Grade applicants:

- _____ 6. The student is eligible as a Tier 3 student.

Any exceptions to the eligibility criteria require written permission from the Cluster Chief or his/her designee from both the sending and receiving schools.

Dropout Prevention Committee Date: _____ Referring Teacher: _____

Referring Counselor: _____ Referring Principal/Designee: _____

STAR CONTRACT

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PURPOSE:

The STAR Program is designed to assist students who have been retained one or more times. The goal is to remediate current academic deficiencies and bring the students up to the grade level of their own kindergarten entry-level peers.

REQUIREMENT FOR ACCELERATION:

Students will be promoted based on mastery of the Sunshine State Standards and grade level expectations according to the Student Progression Plan. This promotion may include qualitative and quantitative methods of evaluation such as: portfolio assessment, thematic tests, and diagnostic evaluation. The promotion will be based on standardized testing, grades, mastery of standards and teacher judgment. Each student enrolled in the program may have the opportunity to complete up to two grade levels in one year.

To remain in the program the student must:

- maintain a passing average in the core subjects,
- attend school regularly,
- come to school on time,
- receive no more than three class II offenses, and
- receive no class III or IV offense.

Failure to meet the above criteria will result in removal from the program upon approval from the principal and/or the Dropout Prevention District Review Committee. Every effort shall be made to conference with the parents prior to removal from the program. Parents will be required to attend at least 2 conferences during the year with the STAR teacher.

In order for this program to be successful for the student, the guidelines set forth in this agreement must be followed. With the active support and participation of parent/guardian, student, and teacher, YOU can be a success!

STUDENT SIGNATURE

PARENT SIGNATURE

TEACHER SIGNATURE

PRINCIPAL/DESIGNEE

DATE: _____ OPTION A (2/3): _____ OPTION B: _____ OPTION C (4/5): _____

Copy 1: Student's cum folder

Copy 2: Receiving School

Copy 3: Parents